

BEST AVAILABLE COPY

CLAIMS ONLY							Application Number <i>10689863</i>	Filing Date
							Applicant(s)	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/							
2	/	/						
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49		/						
50		/						
Total Indep	<i>43</i>							
Total Depend	<i>3</i>							
Total Claims	<i>51</i>							